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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,500

Complete if Known

Application Number	10/008,484
Filing Date	November 5, 2001
First Named Inventor	Donald Henry Willis
Examiner Name	Paulos M. Batnael
Art Unit	2614
Attorney Docket No.	PU000146

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify): _____

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee Paid (\$)
50	25	

Each independent claim over 3 (including Reissues)

200	100	
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Multiple dependent claims

360	180	
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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

_____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

_____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x,	_____	_____


4. OTHER FEE(S)

Petition to revive an unintentionally abandoned application

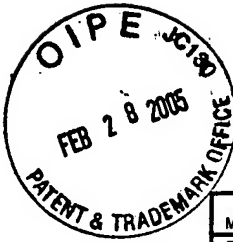
Fees Paid (\$)

1,500

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(317) 587-4019
Signature					Date: 2/24/05

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.





Report to Data Base
 Docket No: PU000146 Serial No. 10/008,484 Filed: 11/05/2001 Patent No. _____
 Inventor(s): Donald Henry Willis Atty: Vincent E. Duffy
 Title: High Definition Matrix Display Method for Standard Definition TV Signals

MAILING TO U.S. Patent and Trademark Office

APPLICATION AS FILED

Enter Date	Enter Number	Check Type	Check Items Mailed with Application	Express Mail Application Label No.:
	Independent Claims	<input type="checkbox"/>	Declaration	
	Claims in Excess of 20	<input type="checkbox"/>	Statement under CFR § 1.56-013M	
	Claim Pages	<input type="checkbox"/>	Assignment & Recordation Sheet	
	Specification Pgs	<input type="checkbox"/>	Preliminary Amendment	
	Sheets of Drawings	<input type="checkbox"/>	Priority Document -	
	Abstract Pages	<input type="checkbox"/>	IDS 1449 with References	
		<input type="checkbox"/>	Utility Application Transmittal	
	Charge	<input type="checkbox"/>	Fee Transmittal Sheet in duplicate	Date Deposited: 02/24/2005
	AMENDMENTS		APPEALS	Due
	After Rejection		Notice of Appeals	Filing Fee Exp.
02/24/05	After Final Rejection		Appeal Brief	Issue Fee
	After Allowance UR312		Reply Brief	
	Supplemental		Pet. To Withdraw.	Ext Time§ 1.136(a)
	Voluntary		REQUESTS	Add Payment of Fee
	Letter to Exam/Draftsperson w/Drawing Correction(s)		Ext Time§ 1.136(b)	Fee Trans. Form in duplc.
	Pg(s) of Form Dwg(s)		Cert. of Correction	TOTAL FEE AMT. \$1500
	OTHER		OTHER	OTHER
	Lic. To For. File		Statement NASA	Appointment Atty/Agent
	Reg. Priority 35USC119		Terminal Disclaimer	Assignment & Record form
	Statement DOE		Claim Disclaimer	Letter to PO
	Statement under §1.56		Status Letter	Notif. of Foreign Ref.
	IDS w/ 2 references		Declaration	Correction Of Record
	Certificate of Mailing		Suppl. Declaration	Petition to Revive